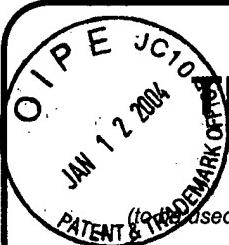


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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

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		Application Number	09/895,430
		Filing Date	06/29/2001
		First Named Inventor	Kent S. Sorensen
		Group Art Unit	1727
		Examiner Name	C. T. Barry
Total Number of Pages in This Submission	31	Attorney Docket Number	B-053

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen R. Christian Registration No.: 32,687
Signature	
Date	7 JAN 2004

CERTIFICATE OF MAILINGI hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1/7/04

Typed or printed name	Mandy Landon		
Signature		Date	1/7/04

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FEES TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 212.00)

Complete if Known	
Application Number	09/895,430
Filing Date	06/29/2004
First Named Inventor	Kent S. Sorenson
Examiner Name	C. T. Barry
Group Art Unit	1727
Attorney Docket No.	B-053

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **05-0565**
 Deposit Account Name _____

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	_____
106 330	206 165	Design filing fee	_____
107 510	207 255	Plant filing fee	_____
108 740	208 370	Reissue filing fee	_____
114 160	214 80	Provisional filing fee	_____

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
57	4		-20** = 7	X 18.00	= 126.00
			-3** = 1	X 86.00	= 86.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 212.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	_____
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	_____
139 130	139 130	Non-English specification	_____
147 2,520	147 2,520	For filing a request for ex parte reexamination	_____
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	_____
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	_____
115 110	215 55	Extension for reply within first month	_____
116 400	216 200	Extension for reply within second month	_____
117 920	217 460	Extension for reply within third month	_____
118 1,440	218 720	Extension for reply within fourth month	_____
128 1,960	228 980	Extension for reply within fifth month	_____
119 320	219 160	Notice of Appeal	_____
120 320	220 160	Filing a brief in support of an appeal	_____
121 280	221 140	Request for oral hearing	_____
138 1,510	138 1,510	Petition to institute a public use proceeding	_____
140 110	240 55	Petition to revive - unavoidable	_____
141 1,280	241 640	Petition to revive - unintentional	_____
142 1,280	242 640	Utility issue fee (or reissue)	_____
143 460	243 230	Design issue fee	_____
144 620	244 310	Plant issue fee	_____
122 130	122 130	Petitions to the Commissioner	_____
123 50	123 50	Processing fee under 37 CFR 1.17(q)	_____
126 180	126 180	Submission of Information Disclosure Stmt	_____
581 40	581 40	Recording each patent assignment per property (times number of properties)	_____
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	_____
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	_____
179 740	279 370	Request for Continued Examination (RCE)	_____
169 900	169 900	Request for expedited examination of a design application	_____
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)

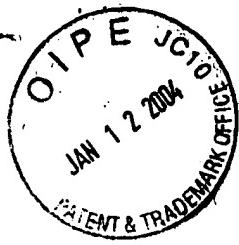
*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Stephen R. Christian	Registration No. (Attorney/Agent)	32,687	Telephone	208-526-9140
Signature	<i>Stephen R. Christian</i>			Date	7 JAN 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kent S. Sorenson

Serial No.: 09/895,430

Filed: June, 29, 2001

For: HALOGENATED SOLVENT
REMEDIATION

Examiner: C. T. Barry

Group Art Unit: 1727

Attorney Docket No.: B-053

CERTIFICATE OF MAILING

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1/7/04

Date of Deposit

Mandy Landon
Signature of registered practitioner or other person
having reasonable basis to expect mailing to occur
on date of deposit shown pursuant to 37 C.F.R. §
1.8(a)(1)(ii)

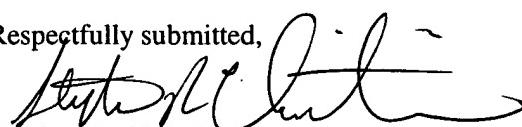
Mandy Landon
Typed/printed name of person whose signature is
contained above

TRANSMITTAL OF FORMAL DRAWINGS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached please find 5 pages of formal drawings for this application.

Respectfully submitted,

Stephen R. Christian
Registration No. 32,687
Attorney for Applicant
P.O. Box 1625
Idaho Falls ID USA 83415
Date: January 7, 2004